



## GENDER DESIGNATION FORM

The Maine Bureau of Motor Vehicles can only accept original forms with original signatures.  
Photocopies and faxes are not acceptable.

**You must surrender the existing license or ID card that is to be amended.**

### Part I: TO BE COMPLETED BY APPLICANT (Name on current license or ID)

<input type="radio"/> Last Name	First Name	Middle	Social Security #
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<input type="radio"/> Street Address	City/Town	Zip Code	License/ID #
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#### Gender Designation Statement

I \_\_\_\_\_ request the gender designation on my  
(print name from above)

Driver's License/ID Card to read (circle one):      **Male**      **Female**

I hereby swear, under the penalty of perjury, that this request for the selected gender designation to appear on my Driver's License/ID Card is for the purpose of ensuring that my Driver's License/ID Card accurately reflects my gender identity and is not for any fraudulent or other unlawful purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(False statements may be punishable by fine, imprisonment, or both)

### Part II: TO BE COMPLETED BY MEDICAL OR SOCIAL SERVICE PROVIDER

<input type="radio"/> Provider's Last Name	Provider's First Name	Title
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<input type="radio"/> Provider's Organizational Name (if applicable)
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<input type="radio"/> Provider's Street Address	City	State	Zip
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<input type="radio"/> Provider's Tel.#	Provider's E-mail	Provider's Professional License # and State
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I am licensed as a:    ☐ Physician      ☐ Therapist or Counselor      ☐ Social Worker

☐ Other (Qualified Professional – please specify)  
\_\_\_\_\_

In my professional opinion, the applicant's gender identity is (circle one):    **Male**    **Female**  
and can reasonably be expected to continue as such in the foreseeable future.

I hereby certify, under the penalty of perjury that the foregoing information is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(False statements may be punishable by fine, imprisonment, or both)

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